

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM:

ADA

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. GRANT AWARD NUMBER: DL09200240 DATE OF SITE VISIT: 5/18/10
2. GRANT PERIOD: 7/1/09 - 6/30/10
3. RECIPIENT/IMPLEMENTING AGENCY:  
Merced County District Attorney's Office
4. PROJECT DIRECTOR: Larry Morse II

PERSONS INTERVIEWED DURING SITE VISIT:

NAME

TITLE

AGENCY

<u>Admin Services Director</u>	<u>DA</u>	

Signature of Program Specialist

5/18/10  
Date

Signature of Section Chief

8/5/10  
Date

Signature of Project Representative

5/18/10  
Date

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES    NO    N/A

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required Fidelity Bond Certificate? *[R.H. Section 2161]* Does not apply to state, city, or county units of government.
- Does the certificate show:
  - Bonding company's name
  - Bond number
  - Description of coverage
  - Amount of coverage (50% of allocation)
  - Bond period
  - Grant award number
  - Form A, Employee Dishonesty
  - Form B, Forgery Coverage
  - Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- Does the project have its CEQA documentation on file?(Ask to view)
  - Certified Exempt
  - Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
--	------------	-----------	------------

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
  - Work hours
  - Compensation rates including overtime and benefits
  - Vacation, sick, and other leave allowances
  - Hiring and promotional policies

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file
  - Job application
  - Resume
  - Performance evaluations
  - Salary rates
  - Benefits
  - Current job duties/descriptions
  - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency's existing personnel policy?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
  - Name of individual who approves purchases.  
Financial office
  - Name of individual who writes checks.  
Fiscal Analyst
  - Name of individual(s) who signs checks.  
\_\_\_\_\_

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

YES NO N/A

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

#### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### 12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

#### 13. EEO POLICY

- Go over EEO checklist. (Separate document)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐  
☐ ☒ ☐

Comments:

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW & ADDITIONAL COMMENTS

#### *Drug Enforcement Section*

#### *Anti-Drug Abuse (ADA) Enforcement Team Program*

#### *California Multi-Jurisdictional Methamphetamine (Cal-MMET) Enforcement Treatment Program*

- |   | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>               |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. If asset forfeiture funds are received and/or expended, are project income reporting forms completed and mailed to Cal EMA on a quarterly basis? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project track the percentage of time staff spends on non-project related duties? If no, please provide recommendations made to the project (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 4. Does the project maintain confidential funds? If yes, please describe policies (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5. Have all grant-funded positions been filled? If no, please explain (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have on-file the following documentation supporting the:  |                                     |                          |                          |
| o Signed DEC Protocol MOU   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of "project specific" duty statement, rather than a copy of the local agency job classification/position duty statement or description | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| o ADA Steering Committee minutes signed by all required participants  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of all approved Grant Award Modifications/Amendments   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

7. Is the Task Force a combined ADA/Cal-MMET Team?

☐☒☐

If yes, please describe how the task force ensures the statistics are not double reported on the ADA or Cal-MMET progress reports.

Comments:

---

---

---

### SECTION III - ADDITIONAL COMMENTS:

---

NOTES: